

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 213Registered No. 208

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. 1115 Sullivan St

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Angel Birjen Montana

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth Apr. 26 - 1930

5. No., in order of birth

yes

Month Day Year

8.

FATHER

Full name Jesus Birjen Montana

9. Residence

(Usual place of abode)

If non-resident, give place and state

Miami  
Arizona

10. Color or race

Mex11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

(State or country)

Nayarit  
Mex.

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name Fidels Baraga

15. Residence

(Usual place of abode)

If non-resident, give place and state

Miami  
Arizona

16. Color or race

Mex.17. Age at last birthday 26 (Years)

18. Birthplace (city or place)

(State or country)

Chihuahua  
Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)3(a) Born alive and now living 3(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. m. on the date above stated.  
(Born alive or stillborn)

Signature

Cyril M. Brown M.D.

(Physician or midwife.)

Given name added from  
a supplemental report

Address

Miami, Arizona

Month, day, year

1/1 - 4/26 - 1930

Registrar.

Filed

May 17, 1930

Registrar.